



# Torbay Local Area Self Evaluation Framework

One Torbay - working for all Torbay



## Version Control

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## What did the Last Inspection say?

The Local area SEND inspection took place between 15 and 19 November 2021 and highlighted areas of significant weakness. The HMCI has also determined that the local authority and the area's ICB (previously CCG) are jointly responsible for the Written Statement of Action to Ofsted. Torbay's Written Statement of Action (WSOA) was finalised in May 2022, detailing our commitment to improving service delivery in the local area.

### The Inspection detailed Areas For Improvement in:-

- **Joint Commissioning**
- **Culture**
- **SEND Strategy**
- **Joint Working**
- **Graduated Response**
- **Becoming an Adult**
- **Quality assurance and Community Engagement**

As well as our own governance structure, which has included an independent Check and Challenge group to scrutinise and advise on our progress Torbay has received 6 monitoring visits from the DfE. Following these visits, the Local Area has taken forward further recommendations and improvements in line with their findings.

As a Local Area our feedback from our parent and carer forum has told us that our greatest progress has been seen in the shift in culture for SEND in Torbay; this has been evidenced by our SEND forum for young people, our completely coproduced SEND Strategy and the integration of parent and carer forum as "full strategic partners"\* (\*DfE Monitoring visit quote).

We are also pleased with our progress towards our Graduated Response where new toolkits have been

co-produced with the Local Area and are currently being embedded. Our SEND audit and quality assurance protocols and procedures have been created and are fully embedded which is leading to higher quality EHCP plans and are being continuously being reviewed to be robust and support improvement of EHCP's processes. Our community engagement has improved with events, forums, newsletters and training reaching out to a greater number and a greater reach of SEND families.

# What we have achieved against the Written Statement of Action demands

## Joint Commissioning

Change achieved	Evidence of Impact	Key Next Steps
<p>Independent Deep Dive into Joint Commissioning</p> <p>Re focused and reformed Torbay SEND Needs &amp; Joint Commissioning Group</p> <p>SEMH SLCN workforce training delivered to over 1,000 people</p>	<p>SFVT are actively involved and taken on the coordination role for the Pilot Autism &amp; Us parent programme with feedback being collected and will inform a more sustainable offer</p>	<p>Develop understanding of a shared language which reflects a partnership-wide understanding of the capacity challenges of individual agencies</p> <p>Agree a revised Joint Commissioning model</p> <p>Complete initial review of the JSNA</p> <p>Develop information for families to consider when paying for a private provider assessment.</p>

## Culture

Change achieved	Evidence of Impact	Key Next Steps
<p>Membership of new SEND Priority Group – SEND is Everyone’s Business established, to continue Culture workstream</p> <p>Second annual Participation Survey completed</p> <p>KPIs have been coproduced to monitor the effectiveness</p>	<p>A range of participants across health, social care and education who can progress actions</p> <p>The KPIs provide a robust framework to match impactful actions against</p> <p>Draft SEND survey shows positive relationships as well as good provision are important to CYP</p>	<p>Publication of the SEND survey</p> <p>Future planning for SEND surveys to provide consistent insights into progress from the perspective of CYP and their families to understand the impact of changes</p>

## SEND Strategy

Change achieved	Evidence of Impact	Key Next Steps
<p>SEND Strategy is fully embedded into our improvement priorities</p> <p>KPI's developed as part of the strategy are the accountable measures for the priority areas and reported to the project board</p> <p>Co-produced Action Plans have clear timebound targets</p> <p>Quality Standards for Alternate Provision have been coproduced with parents</p> <p>Providers and the new system embedded with all providers receiving their quality assurance visits</p>	<p>Case Conferencing is making a difference with a greater number remaining in their setting</p> <p>More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion.</p>	<p>Embed the Monitoring of the five key priorities in the SEND Strategy, using the SEND Strategic Board, ICB Board and Children's Continuous Improvement Board to unblock any issues</p> <p>Revisit our needs from our Sector Led Improvement Partner and make an application to the DfE</p> <p>Focus on lowering our exclusions and suspensions for the two schools who continue to do so despite our intervention</p> <p>Suspension data further analysed to ensure that children continue to be referred to at risk panels at the earliest opportunity</p>

## Joint Working

Change achieved	Evidence of Impact	Key Next Steps
<p>Established partnership approach to all SEND work</p> <p>Participation Officer ensures a wide range of young people voices work towards all the different elements</p> <p>Designated Clinical Officer employed in NHS Community provider CFHD as an interim (6 month) SEND Lead post to support and develop the SEND agenda</p>	<p>Our communications show that a greater number are engaged in the SEND agenda</p> <p>Our evidence of accelerated growth in young people's participation</p>	<p>Continue to reach a wider audience of young people and families</p> <p>Hear and respond to the PCF feedback regarding ensuring that communications are clear and evidencing change</p> <p>Further embed the Coproduction charter to disseminate confidence for our families that all improvement projects are being coproduced</p>

## Graduated Response

Change achieved	Evidence of Impact	Key Next Steps
<p>Creation of the Graduated Response toolkits</p> <p>New programme for parent carers commissioned</p> <p>New Section 23 process active</p> <p>Educational Psychology team rolling out ELSA training</p> <p>Success in Mental Health in Schools Team</p>	<p>Each family that accepts a 'Next Steps' meeting has a multi-agency discussion about support in place through the SEND support</p> <p>Record of the meeting is given to the education provision and parent/carers</p>	<p>Embedding the Graduated Response</p> <p>SEMH and Graduated Response toolkits to be created</p> <p>MHIST and CAMHS to work on linkage and thresholds to ensure there are no gaps</p> <p>Review of Behaviour outreach at primary phase</p>

## Becoming an Adult

Change achieved	Evidence of Impact	Key Next Steps
<p>New Transition protocol is well embedded</p> <p>NEETS have reduced, with Apprenticeships and Internships increasing</p> <p>Mapping work completed which shows services currently available</p> <p>Links with National Association of Directors of Adult Social Services (ADASS) groups have further progressed Pathway to Adulthood best practice.</p>	<p>Parents have benefitted from workshop sessions on The Power of Attorney and Mental Capacity Act.</p> <p>NEET Figures continue to be on and positively under target</p> <p>Changes with AP offers are meaning greater choice for our young people</p>	<p>Relaunch of Bi-annual Panel</p> <p>Follow up Stakeholder event</p>

# Quality Assurance & Community Engagement

Change achieved	Evidence of Impact	Key Next Steps	General Overview of Progress	
<p>Two cycles of EHCP audits</p> <p>Quarterly reports are driving progress forward</p> <p>Building a data dashboard on quality of plans</p> <p>Piloted SEND multiagency tracking meetings</p>	<p>EHCP quality data dashboard on Invision 360</p> <p>EHCP auditing reports and action tracker</p> <p>DSCO spreadsheet</p>	<p>DSCO undertake audit of Appendix Es</p> <p>Ensure CAPITA reflects audit activity</p> <p>Joint audit with Health on Appendix Cs</p> <p>Liquidlogic process maps</p>	<ul style="list-style-type: none"> <li>• Revised governance arrangements</li> <li>• Revision of work into five priorities areas aligned with SEND Strategy</li> <li>• Representatives in Priority Delivery Groups include: Headteacher of CEO level, Health and Social Care Strategic Leads</li> <li>• Chairing arrangements from across the partnership</li> <li>• Implementation of Graduated Response</li> <li>• Embedded Quality Assurance</li> <li>• Autism Education Training in secondary schools</li> <li>• Effective collaboration with children, young people and their families e.g. SEND Youth Forum</li> <li>• Improved marketing of the Learning Disability Annual Health Checks</li> </ul> <ul style="list-style-type: none"> <li>• SEND Strategy has now been coproduced with all partners and is ambitious in its aims and fully embedded into our improvement priorities.</li> <li>• Community engagement has grown</li> <li>• Go live of Family Hubs website</li> <li>• Neurodiversity Transformation Programme activities</li> <li>• SLCN Transformation Programme activities</li> <li>• Family Feedback Event</li> <li>• Community engagement has grown</li> <li>• Go live of Family Hubs website</li> <li>• Neurodiversity Transformation Programme activities</li> <li>• SLCN Transformation Programme activities</li> <li>• Family Feedback Event</li> </ul>	



# Our SEND and Inclusion Vision

The shared vision for the strategy was produced with representatives from across the local area. Partners across the local area in Torbay are committed to working in partnership with SEND Family Voice Torbay as well as children, young people, parents, carers and partner organisations to radically improve support for children and young people with special educational needs and/or disabilities within Torbay so they have the very best life chances. The strategy cannot be considered in isolation and acknowledges that there are interdependencies with the development of Family Hubs, Child Friendly Torbay and the development of the Integrated Care System for Devon.

Torbay have revised their governance arrangements to ensure that the agreed improvements in the WSOA are delivered whilst embedding recommendations from the new SEND reforms, Inspection Framework and Safety Valve. This has resulted in a revision of work into five priorities areas aligned with our SEND Strategy that still cover the full breadth of the written statement of action agreed work



## Our 5 Priorities

**Priority 1:** SEND is everyone's business - embedding our values through education, health and social care, changing culture and reforming our workforce.

**Priority 2:** Identify and act on children's needs at the earliest opportunity, through valuing lived experience and expertise.

**Priority 3:** Understand the needs of our children, young people and families and make sure joint commissioning supports service delivery and we make best use of all resources.

**Priority 4:** Make sure that all early years' providers and mainstream educational settings support an inclusive approach to education

**Priority 5:** Improve transition planning for young people moving into adulthood.

# Our SEND Strategy Partnership Pledge

## Be Honest

We will tell you the truth, we will listen and work with you to plan and explain what is possible and why things may need to change or happen.

## Show you we care

We will listen carefully and make sure that we build a plan of support around your aspirations, hopes and goals.

## Be Thoughtful

We will treat you as the expert, build our professional knowledge of your needs and what is available to help you.

## Be Fair

We will treat you and your family with respect.

## Be Kind

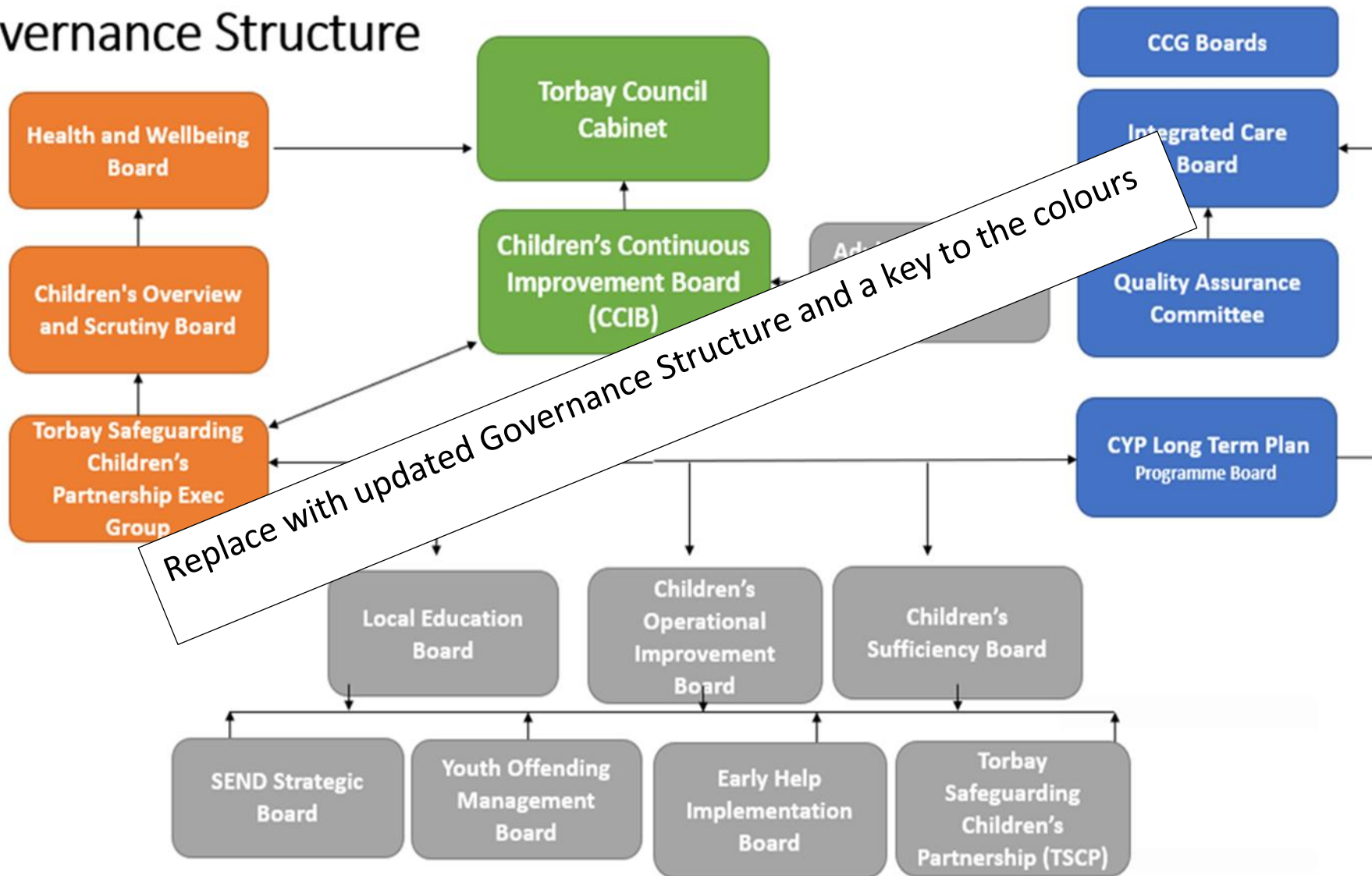
We will listen carefully and ask you how you want to receive your support.

The co-produced SEND strategy sets out a vision and direction of travel for children and young people 0 – 25 years, with Special Educational Needs and Disabilities (SEND) in Torbay. It is intended to cover the 'local area' of Torbay and can only be achieved through effective partnership between children, young people, parent and carers and our local system; the local authority, Integrated Care System (ICS) (health), public health, NHS England for specialist services, early years settings, schools, further education provisions and the voluntary and community sector.

To achieve this vision, young people, parents, carers, professionals and services across the local area have agreed to adopt a set of principles that have been set out in a partnership pledge. We know that the success of our strategy depends on cultural change. The commitments that we expect everyone to adopt and sign up to have been defined by our children and young people.

# How our Local Area Governance and reporting systems are organised.

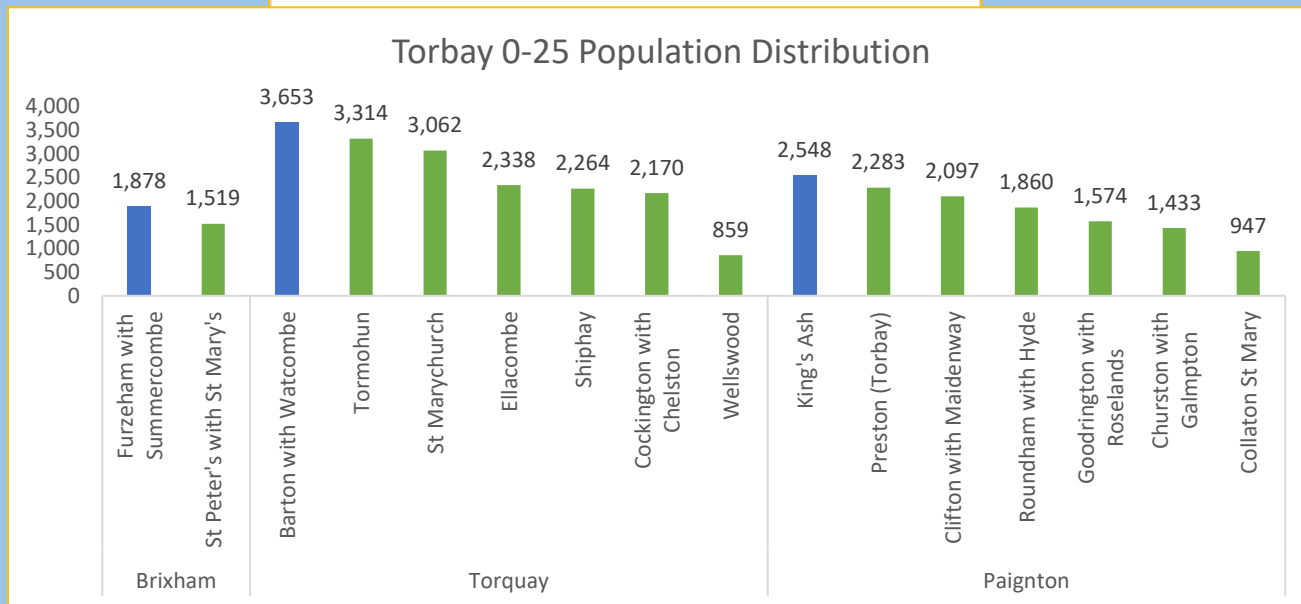
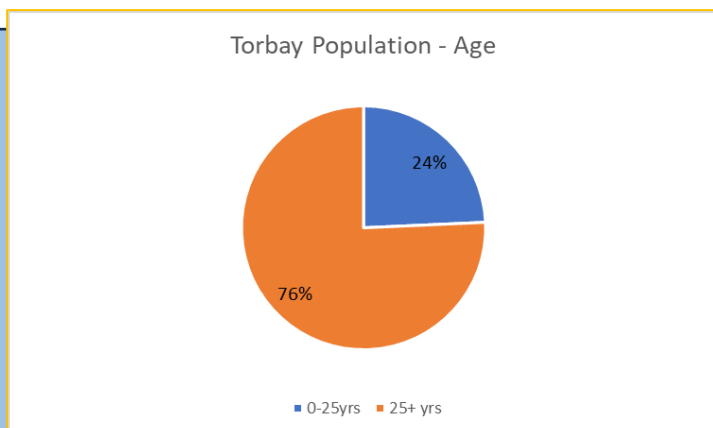
## Governance Structure



# What we know about Torbay

Latest data from Office for National Statistics is that in March 2021, Torbay has 33,808 children and young people aged 0-25 years. This accounts for **24%** of Torbay's total population.

As of 2021, Torbay is the seventh most densely populated of the South West's 30 local authority areas. There has been an increase of 20.6% in people aged 65 years and over, an increase of 1.4% in people aged 15 to 64 years, and an increase of 4.2% in children aged under 15 years, from 2011 census.

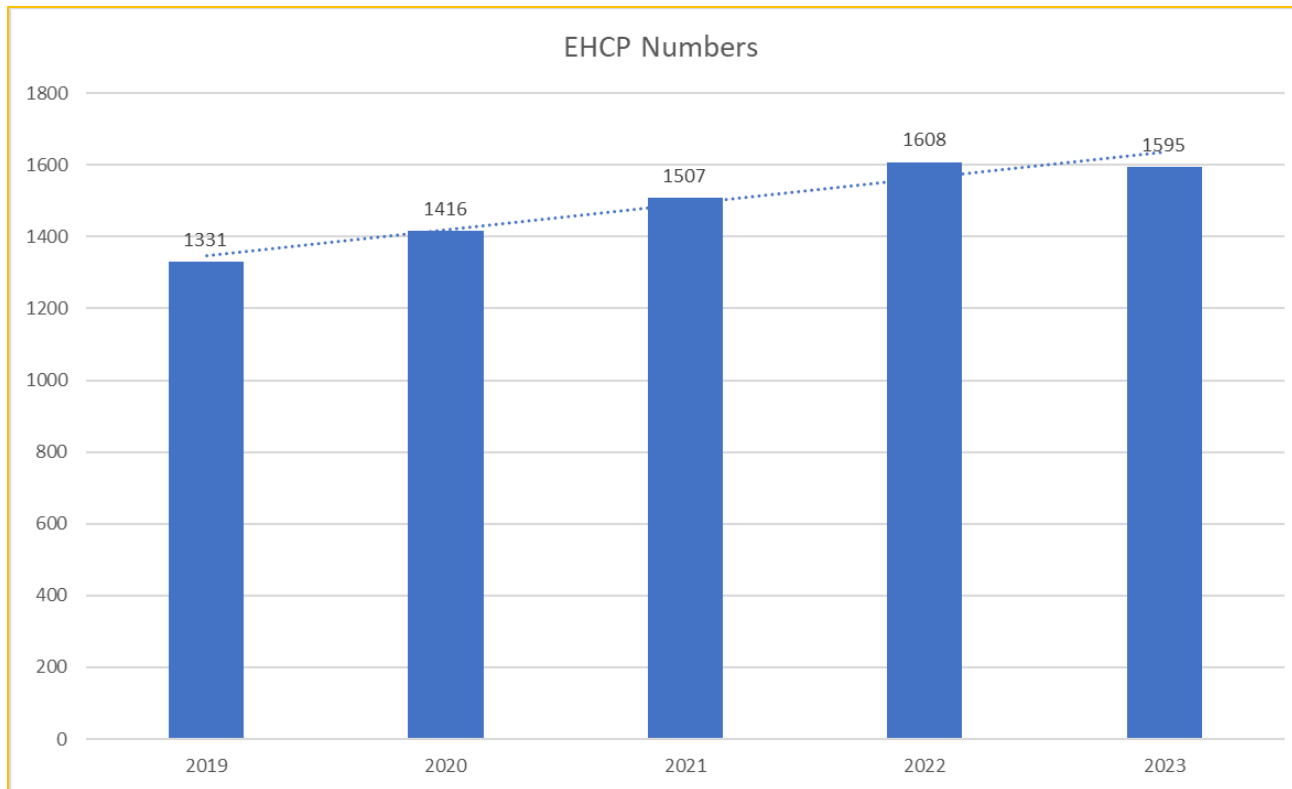


## The SEND Needs Analysis of Torbay shows:

- **0-25 general population age group shows ages 10-15 as highest subgroup.**
- **Wards with most needs are Kings Ash (1<sup>st</sup>) (4<sup>th</sup> lowest ward of deprivation) and Barton with Watcombe (2<sup>nd</sup>) (5<sup>th</sup> lowest ward of deprivation)**
- **Speech, Language and Communication is the highest SEN support need.**
- **Autism Spectrum Condition is the highest need for EHC plans.**
- **Combined highest need is Speech, Language and Communication Needs.**
- **Birth rates, specifically Torquay, have declined.**
- **Primary Admission Rate has remained around the same.**

# What we know about SEND in Torbay

Information taken from our SEND JSNA, our Data Dashboard and our SEND Needs Analysis.



EHCP breakdown (2023) - Source: SEN2 Census. SEN2 Census 2024 submitted figure is 1535

Torbay has 33,808 children and young people aged 0-25 years. This accounts for 24% of Torbay's total population.

Torbay is the seventh most densely populated of the South West's 30 local authority areas. There has been an increase 1.4% in people aged 15 to 64 years, and an increase of 4.2% in children aged under 15 years, from 2011 census.

Historically EHC plan numbers in Torbay have continued to increase and have been above the National rate.

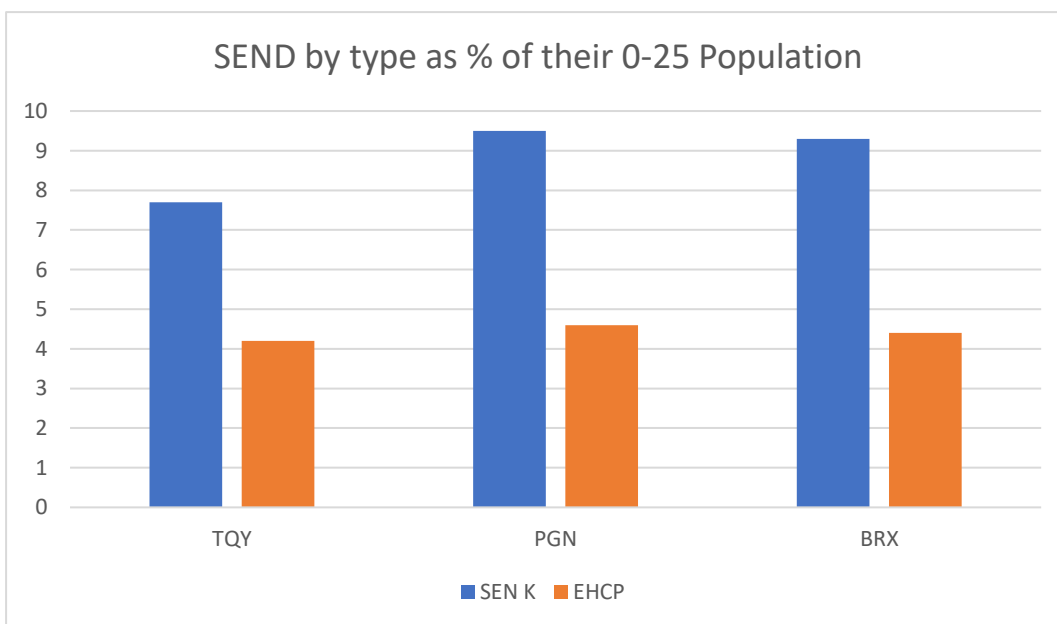
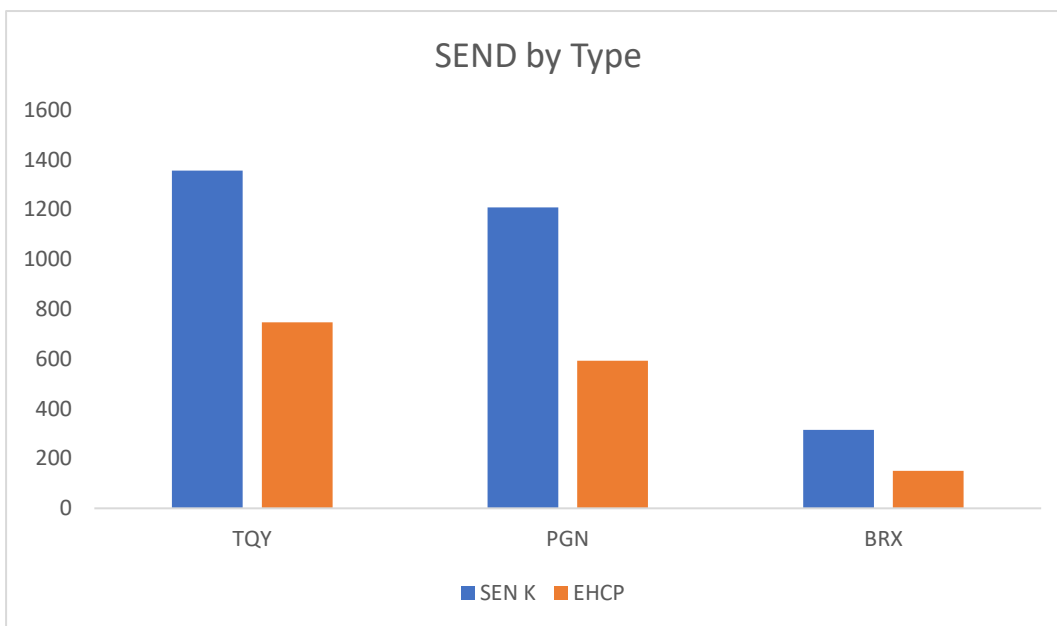
Torbay Council joined the DfE's Safety Valve Programme in 2023. Since mitigations have been put in place, Torbay's EHC plan numbers are now reducing.

There are 1,535 EHCP pupils on Capita (as at 01/07/2024) and working towards our target of 1488

- 60 EHCP pupils live out of area.
- 1,489 have a home address listed as Torquay, Paignton or Brixham.
- 2,881 pupils on SEN K (SEN Support census day January 2024)
- 128 SEN K live out of area

This makes a total of 4,448 young people  
This represents 13% of our 0-25 population in Torbay.

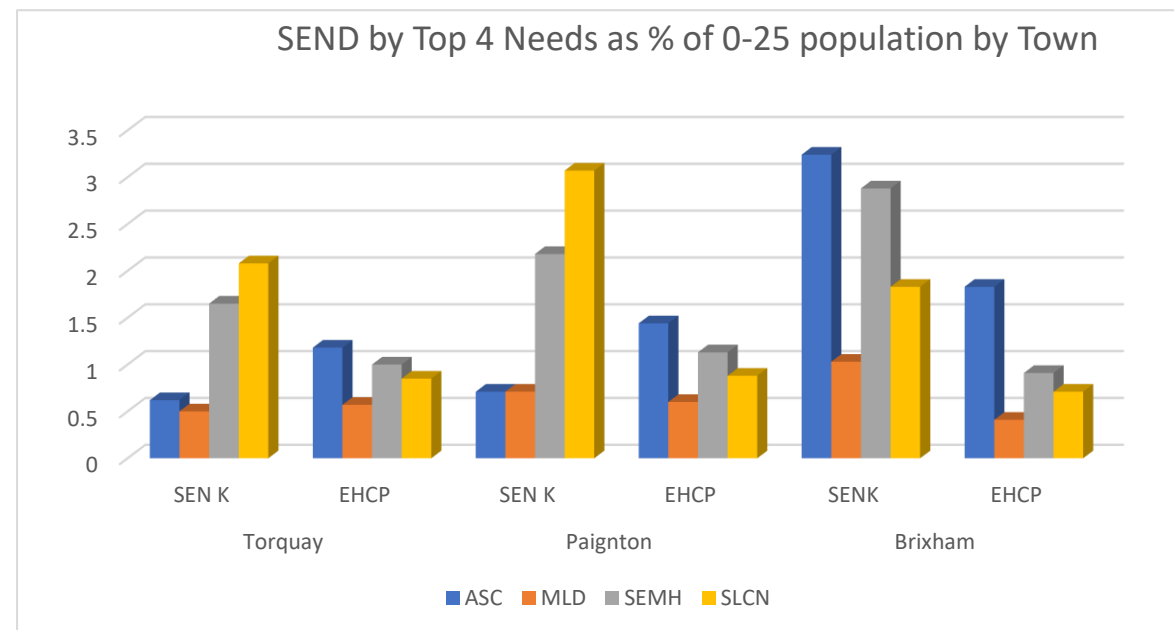
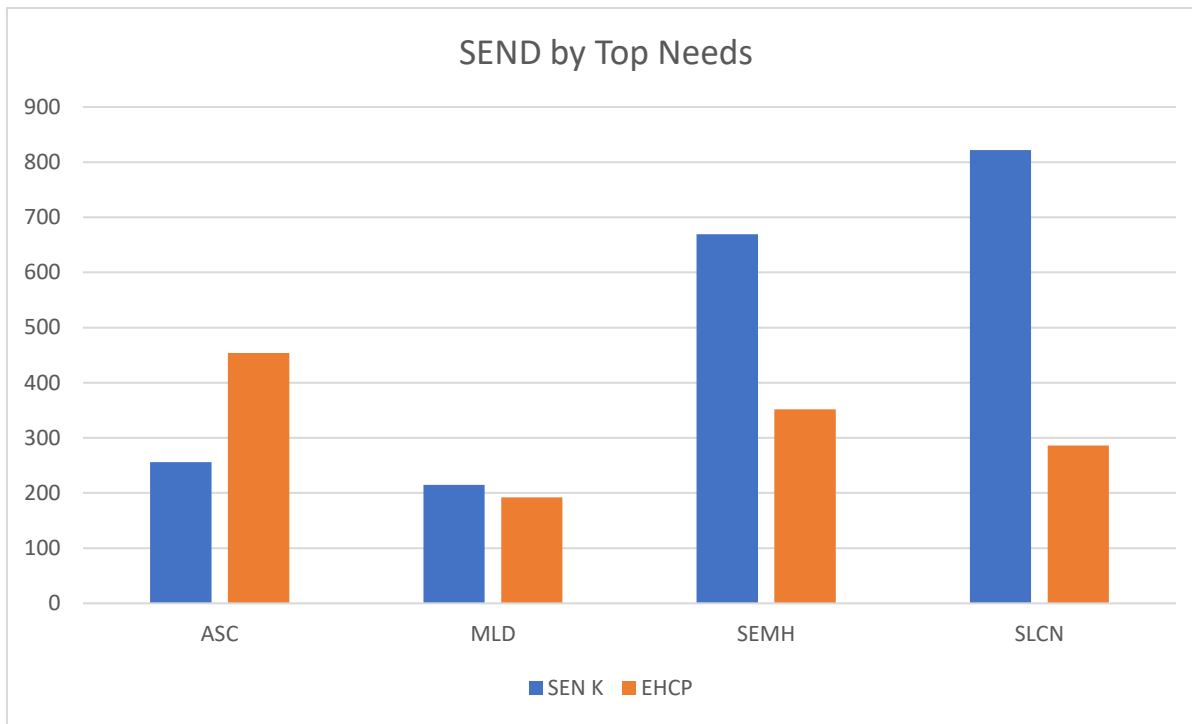
**13%**



The number of Children and Young People with SEND across the three main towns of Torbay show that Torquay and Paignton have the greatest number. Not unexpectedly, as they have the greatest populations of 0-25 yr olds. However, when judged as a proportion of each town's 0-25 yr old population Torquay has a lower proportion of SEN K and slightly lower proportion of EHCPs

Paignton and Brixham have similar proportions.

%	Torquay (17660)	Paignton (12792)	Brixham (3397)
<b>SEN K</b>	<b>1357 (7.7%)</b>	<b>1209 (9.5%)</b>	<b>315 (9.3%)</b>
<b>EHCP</b>	<b>747 (4.2%)</b>	<b>593 (4.6%)</b>	<b>150 (4.4%)</b>
<b>ALL SEND</b>	<b>2104 (11.9%)</b>	<b>1802 (14.1%)</b>	<b>465 (13.7%)</b>



The highest number of SEN K are for SLCN, whereas the highest number of EHCPs are for ASC. However when these figures are broken down as a percentage of the 0-25 population across Torquay, Paignton and Brixham the figures reveal different balances.

The highest percentage of SLCN for SEN K is in Paignton and the lowest is in Brixham. However, the highest percentage of ASC at SEN K is in Brixham (3.24%). This is significantly higher than in either Torquay (0.62%) and Paignton (0.71%). The proportions for EHCP with ASC show Brixham the highest (1.83%), Paignton (1.44%) and Torquay (1.18%).

	T Q Y	T Q Y	P G N	P G N	B R X	B R X
	SEN K	EHCP	SEN K	EHCP	SEN K	EHCP
ASC	0.62	1.18	0.71	1.44	3.24	1.83
MLD	0.5	0.57	0.71	0.6	1.03	0.41
SEMH	1.65	1	2.18	1.13	2.88	0.91
SLCN	2.08	0.85	3.07	0.88	1.83	0.71

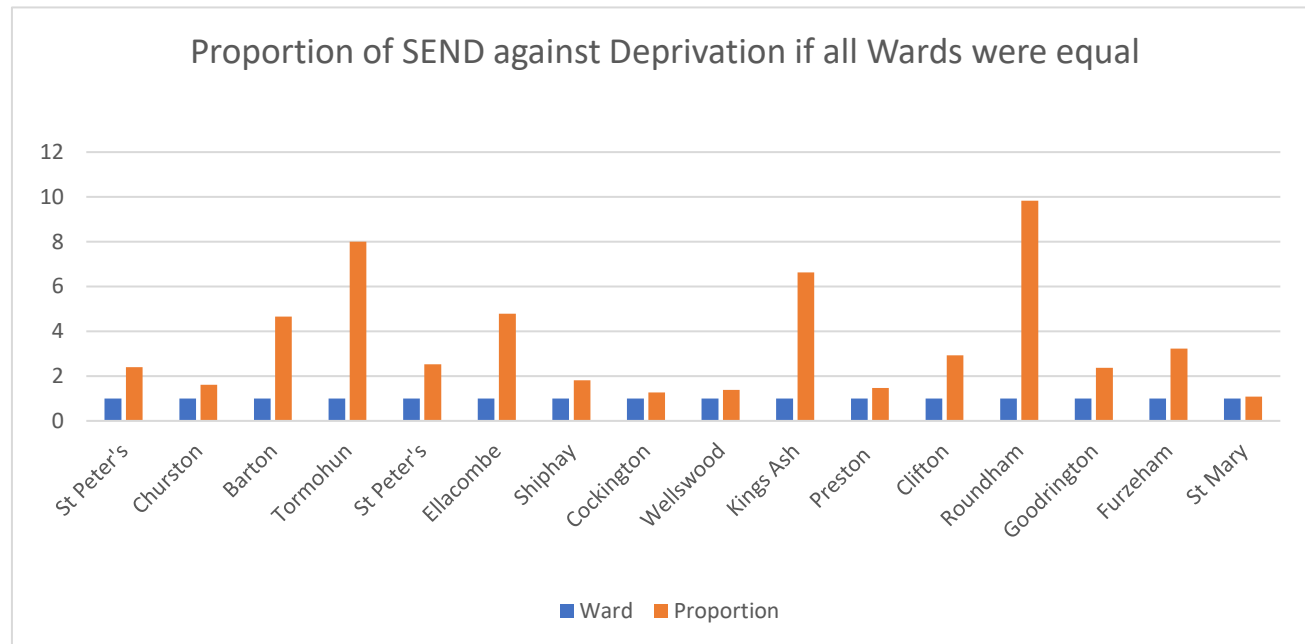
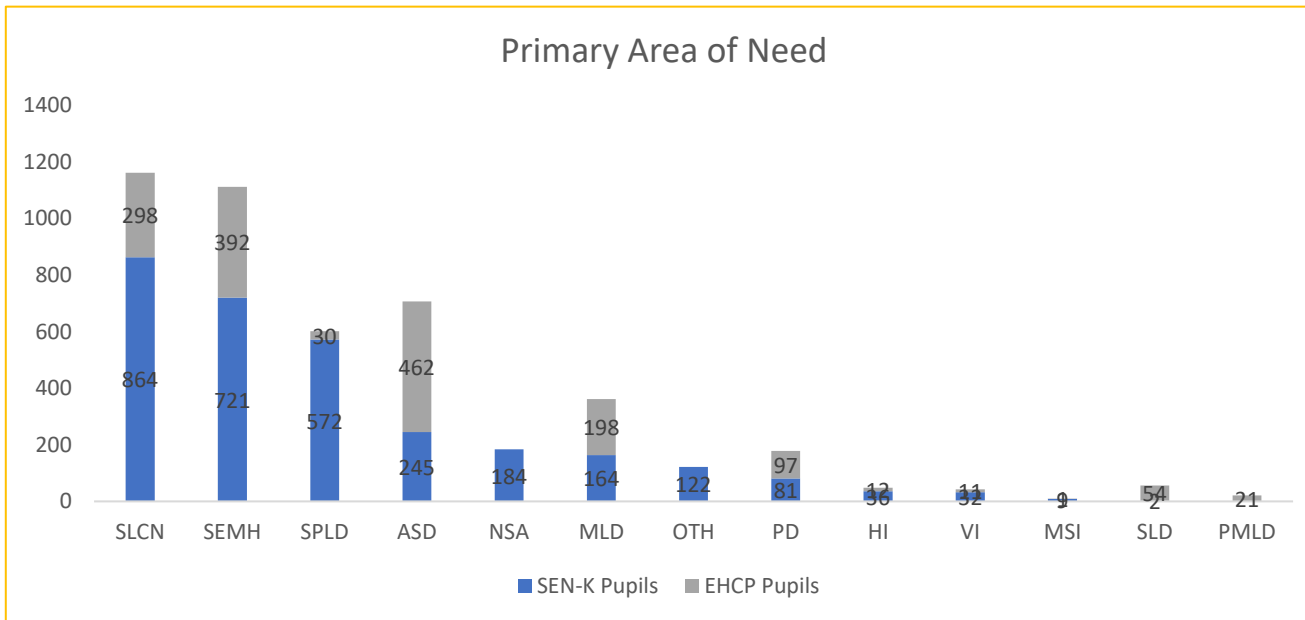
The highest level of SEMH at SEN K is in Brixham (2.88%). The proportion of EHCP for SEMH is similar across all three but still lowest in Brixham.

The number of children and young people with SEND needs is greatest for SLCN, SEMH, SpLD and ASC.

However, in terms of those with SEN K, the number for ASC is significantly lower than those for SLCN, SEMH and SpLD., whereas the number of EHCPs with ASC is significantly higher than the other three areas.

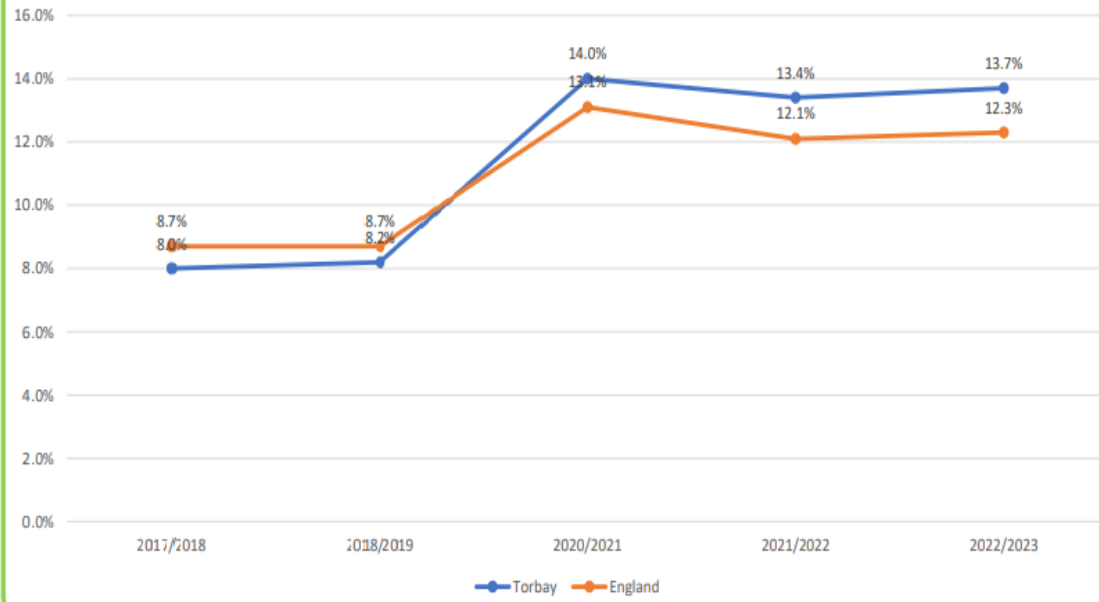
Nationally, the most common type of need for those with an EHCP plan is ASC and for those with SEN Support it is SLCN. This matches the Torbay profile.

When the profile of SEND against deprivation is viewed the areas of highest deprivation Barton, Tormohun, Ellacombe, Kings Ash and Roundham. If the proportion of SEND to the population of the Wards, if all wards were equal, is examined then Roundham has the highest proportion followed by Tormohun and Kings Ash.





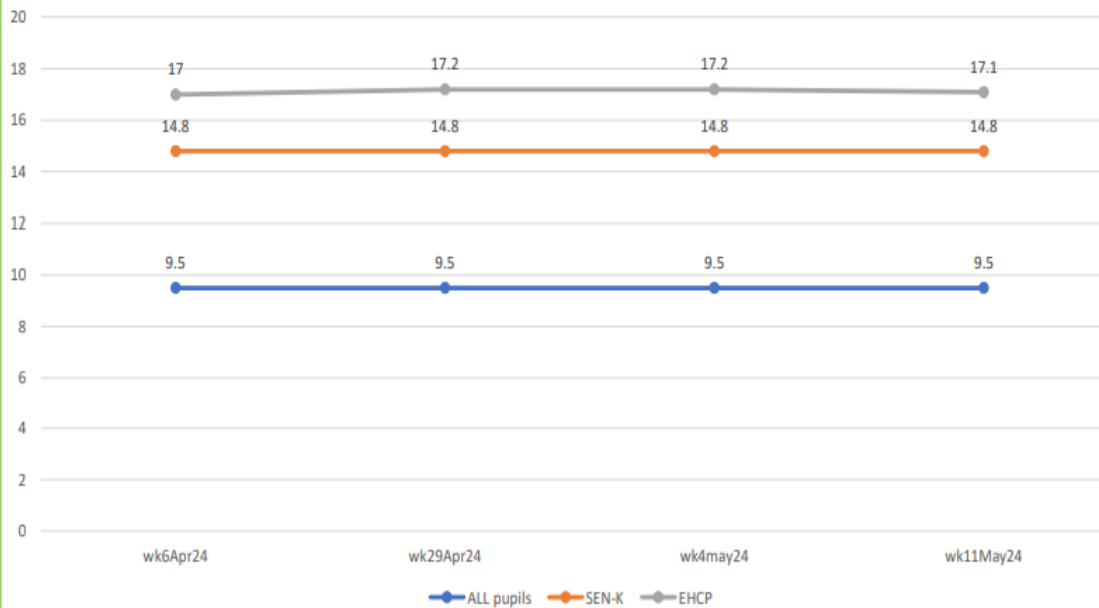
Absence -published data



The published (2022/23) absence rate for Torbay EHCP pupils is 1.4% higher than National levels.

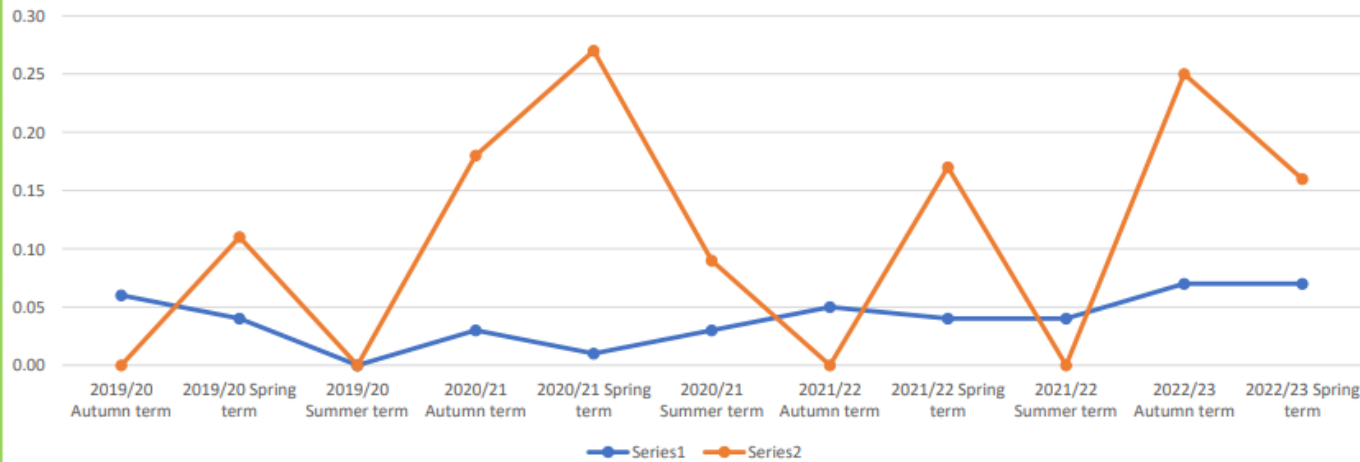
The current level of 13.7% (May2024) is above our target of 12.3%

Absence -VYED



Data collected weekly via the DfE 'View Your Education Data' (VYED) show current figures (May 2024) indicate that EHCP absence is 17.1% for the month compared to the target of 12.3%

EHCP Permanent Exclusion Rate - Torbay/England



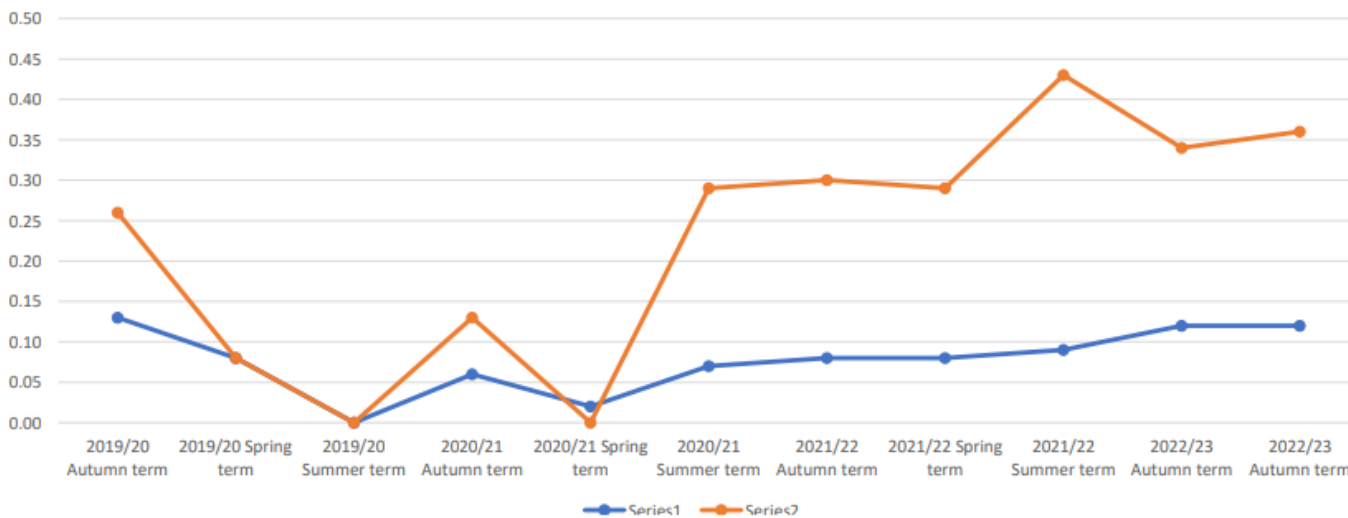
Exclusion and suspension rates are above national levels.

Current EHCP permanent exclusion rate is 0.16%, higher than the National rate at 0.07%.

Torbay has an average rate of 0.11% compared to national of 0.04% from the Autumn term 19/20

SEN K is higher at 15.74 than the national rate of 6.98%

SEN Support Permanent Exclusion Rate - Torbay/England



Current SEN K permanent exclusion is significantly higher than the national rate.

SEN K is also much higher at 13.46% compared to national at 8.04%

Elective Home Education has increased to 420. Of these 25 have an EHCP, 123 were SEND K at last education, which is an increase of 66. The most frequent reason is dissatisfaction with school SEND or are concerned about mental health. 28 of 123 (up from 12 of 57) have mental health concerns (either young people or parent/carers) and 57 are dissatisfied with school provision.

# What does Torbay Local Area do well in supporting SEND?

The effectiveness of the pre-birth panel to safeguard children as identified in the JTAI.

The Early Years team with EPs deliver Early Talk Boost delivering train the trainer to Early Years providers including advice and guidance to parents.

There is a strong partnership approach to providing early help including creation of SEND Lead role within Children and Family Health Devon

The Graduated Response, now fit for purpose. With training being delivered through the SENCO forum plus the EPS 'consultation first' model of service delivery.

Strengthening of the multi-agency QA framework and process through SENDQAMP and Creation of an earlier Next Steps meeting system

Section 23 process has improved so that there is now greater connection to family hubs and support

Increased programmes for ASC, SLCN mapping and a robust EHCMB focussed on building parental confidence.

Working directly with SEND Family Voice Torbay, , to co-produce and design information and forums which support the sharing of information

**A selection of the impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND**

The Home Learning Environment Outreach worker is working alongside the existing teams within the Family Hubs.

A new funding matrix is in place recognising the increasing demand for mainstream places for SEND.

Transitions Panel in place to review the provision for young people from the age of 14 years and understanding in detail the young people with an EHCP and the reasons for them to be NEET

PEPs are strong for transition work – targets are smart, and social care involvement is improving

Short breaks review for SEND children and young people is now underway and the Holidays, Activities and Food (HAF) programme for young people with SEND is now underway

Local offer website has been completely updated in a co-produced manner and re-launched and is much more accessible to users.

There is increasing employer engagement in supported internships and has engaged a number of large local employers and educational providers

ASRUS is successfully delivering social learning experiences for those on the autistic spectrum.

# What does Torbay Local Area do well in supporting SEND?

Work continues to be implemented delivering the reform programme needed and setting the conditions for future and sustained change

Participation officers have been appointed for SEND to increase the involvement of young people in planning for the future.

SEND Strategy has now been coproduced with all partners and is ambitious in its aims and fully embedded into our improvement priorities.

Check and challenge Board is now in place to hold those responsible to account.

Most children benefit from help by skilled and frontline early help, social care and health practitioners, police officers and school staff working collaboratively

More schools are engaging in multi-agency meetings to help to plan to meet needs

The SEND JSNA, introduced as part of the Written Statement of Action provides a detailed breakdown against need types, demographic element of location.

**A selection of how the local area partners work together to plan, evaluate and develop the SEND system**

Data dashboard is now in place and provides a greater understanding of needs across the local area.

KPI's developed as part of the SEND strategy are the accountable measures for the priority areas and reported to the project board

The send QA team have a termly cycle of auditing New EHCPs, Annual reviews and amended plans.

A Torbay Children and Young People's Health Needs Assessment addressing quantitative data and the voice of the child and young person

The development of an Alternative Provision Commissioning Strategy is underway

The development of Proposal for Locality Provision is now underway.

There is a commitment from leaders in all areas to improve the environment so that there is shared understanding and ability to work as one partnership.

## **PRIORITIES FOR IMPROVEMENT IDENTIFIED FROM THE WORKSTREAMS AND CURRENT INFORMATION**

**Following analysis of this self-evaluation there are elements that demand prioritisation to improve the provision for all children, young people and families. Co-production is consistently present throughout the identification of all of these priorities as well as the actions that need to be taken.**

### **IDENTIFICATION & INCLUSION**

Improve identification of needs through greater use of the Graduated Response and increase the ordinarily available provision, through increased training opportunities, to allow more pupils to remain in their home school without the need for an EHCP. Improve both attendance and exclusion rates. Review Social care thresholds in both Children's Disability and Adult Social Care for access to a range of support processes. Explore the culture change necessary to maintain children and young people in their communities and help them feel part of their community. Improve the role of Health in identification processes.

### **ASSESSMENT PROCESSES**

Continue to implement and embed new EHCP and AR formats that are quality assured and receive advice in timescales to improve timeliness. Ensure that Health funding is identified and accessed along with reductions in waiting times for services and health checks. Improve attendance at, or reports for, Annual Review processes.

### **PARENTAL CONFIDENCE**

Provide rapid communication with parents, carers and young people around developments and improvements so that they understand clearly what is happening and their confidence in the system improves. Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.

### **SUFFICIENCY**

Ensure that there are places for those who need specialist provision through the development of locality hubs linked with the Family Hubs to provide joined approaches through education, social care and health. Develop provision for those at Post 16 transition providing for increased attainment at Level 2 and 3 and also supported internships and apprenticeships. Review transitional arrangements in health where there are congenital issues.

### **JOINT WORKING AND COMMISSIONING**

Use the Single Point of Contact for Health and Single Point of Contact for Social Care to support joined up working at the amended plan stage. Remove the opportunities for silo working by reviewing working and office practices across local partners. Review the meeting culture to ensure that meetings are effective and influence practice without duplication where possible. Work to fully develop the joint commissioning opportunities.

### **DATA**

Conjoin the JSNA and data dashboard information and increase the specificity of demographic location against more specific need types, ensuring that the SEND data is used across the partnership to aid planning and delivery to meet the needs in the Local Area and that the impact of interventions can be judged.

Following the revision of governance arrangements to ensure that the agreed improvements in the written statement of action (WSOA) are delivered whilst embedding recommendations from the new SEND reform, Inspection Framework and Safety Valve, we have matched the Priorities for Improvement with the five priorities areas aligned with our SEND Strategy that still cover the full breadth of the WSOA.

## **MATCHING WITH THE WRITTEN STATEMENT OF ACTION PRIORITIES**

### **Priority 1 – SEND is Everyone’s Business**

This incorporates all the identified Priorities in the SEF. It applies to all partners within the Local Area, the young people and their families, voluntary and support agencies and the community of Torbay and increasing parental confidence. Using data across the Local area to plan more effectively.

### **Priority 2 – Early Intervention and Lived Experience**

This involves the Improvement of identification of needs through greater use of the Graduated Response and increase the ordinarily available provision and explore the culture change necessary to maintain children and young people in their communities.

### **Priority 3 – Needs and Joint Commissioning**

Use the Single Point of Contact for Health and, also, for Social Care to support joined up working and continue to fully develop the joint commissioning opportunities.

### **Priority 4 – Inclusion**

Allow more pupils to remain in their home school without the need for an EHCP along with Improving attendance and exclusion rates for those with SEND and Review thresholds in both Children’s Disability and Adult Social Care.

### **Priority 5 – Transition and Preparation for Adulthood**

Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.

## **INSPECTION THEMES**

The starting point for inspection is the expectation that the local area should have a good understanding of how effective it is, including any aspects of its responsibilities that require further development. Inspectors will test out this understanding during the inspection as they make their evaluations.

To make their judgement about the effectiveness of the local area, inspectors will gather evidence to answer three primary questions:

- How effectively does the local area identify children and young people with SEND?
- How effectively does the local area assess and meet the needs of children and young people with SEND?
- How effectively does the local area improve outcomes for children and young people with SEND?

In gathering evidence and making judgements for questions A to C, several crucial aspects will inform the inspectors' evaluations. These include:

- The accurate and timely identification of children and young people's needs
- That children, young people and their families participate in the decision-making
- That children and young people receive the right help and support at the right time.
- That children and young people are well prepared for their next steps and achieve strong outcomes.
- That children and young people with SEND are valued, visible and included in their communities

And

- the leadership of provision for SEND across the local area
- the impact of joint commissioning
- the local arrangements, including the local offer and how well leaders understand the local area
- how well leaders have understood the impact of COVID-19 on the local SEND system and how they have adapted their plans to deal with the challenges caused by the pandemic
- how the local area uses the intelligence gathered from evaluation of its effectiveness to plan for and lead future improvement.

This Self -evaluation is formatted so that we can address those questions and are clear about what we do well and know what we need to improve , as well as how we will do it as a partnership across the local area, to provide the best for those children, young people and families that need the support.

# 1. The impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND

## 1.1

Children and young people's needs are identified accurately and assessed in a timely and effective way



### Strengths

- Section 23 is systematic and has robust identification through specific panels, happening monthly, and now identifying early years needs promptly ([Hyperlink to data](#))
- The effectiveness of the pre-birth panel to safeguard children as identified in the JTAI. This also identified that there is a strong partnership approach to providing early help and this is making a positive difference for many children. ([Hyperlink to JTAI](#))
- The Early Years team including Educational Psychologists have been trained to deliver Early Talk Boost, train the trainer to Early Years providers which includes providing advice and guidance to parents. Training for the Partnership 'Putting the Pieces Together, Language Enrichment Groups (LEG) being delivered to all Early Years and Primary settings from September. Also currently advertising for an Early Language Consultant to strengthen the work. ([Hyperlink to Evidence](#)) [Emme Kerridge](#)
- In the MASH, hosted by children's social care, decision-making is timely, and thresholds that trigger appropriate responses are well understood and applied consistently. ([Hyperlink to Evidence](#))
- Following the Written Statement of Action, significant co-produced work was undertaken on the Graduated Response which is now fit for purpose. Training has been delivered through the SENCO Forum to develop its application further. There is a system-wide focus on co-production, with much support and effort given to involving parents and children and young people in local decision-making.
- The creation of the Graduated Response toolkits is allowing schools and settings to make more informed judgements about the needs of children and young people. Education, health and social care feature in every toolkit and embedding this has begun. The SEND Monitoring Team have been visiting schools to work with SENCOs to embody the toolkits
- Training has taken place to whole school staff, alongside Neuro-diversity improvement work to enable better identification from the partnership (with Devon and Plymouth) with the aim to develop a website of tools to support identification of neurodiversity. There is a pilot on clinical 0-5 pathway for neurodiversity with community paediatricians. ([Hyperlink to GR and programme of training](#))
- Link has been made with 'Whole School SEND' who will sponsor Torbay to deliver a professional development group for SLCN.
- The EPS move to a 'consultation first' model of service delivery appears to be having a positive impact. In anecdotal evidence, schools have commented that they are having to 'do' more to bring about positive change for CYP because of this consultation-and-review approach.
- There has been strengthening of the multi-agency QA framework and process through SENDQAMP and the regular audits using Invision 360 are helping us to monitor improvements. ([Hyperlink to Evidence](#))
- Considerable work has been put in place by the DSCO on the backlog of App E (section D). They are now more robust and timeliness has improved. There is a plan in place to improve quality. There has been improvement in the last 6 months so that there is now no backlog. ([Hyperlink Data Dashboard](#))



- Creation of an earlier Next Steps meeting system. Each family, that accepts a 'Next Steps' meeting, has a multi-agency discussion about support in place through the SEND support helping to clarify needs and most appropriate provision. [\(Hyperlink to Evidence\)](#)
- Completed the introduction of the newly co-produced EHCP format and AR format, to be rolled out imminently.
- Creation of SEND Lead role within Children and Family Health Devon provides a dedicated focus on improving timeliness and quality of advice, as well as staff training and support.

## Areas for Development

- There needs to be an increased clear understanding of the core processes of identification in place in the schools across the authority, along with Local Area responses from Health and Social Care to requests for statutory assessments ensuring that all involved in identification of need understand the local support that is available. The development of a consistent of identification for SLCN, aligned with the Balanced System across schools and settings.
- Improve the availability of information on the Family Hubs website so there is clearer guidance around access and eligibility for support.
- Build the role of Educational Psychologists supported by the new Principal Educational Psychologist, in developing inclusive practices within the mainstream schools, providing targeted support and early intervention strategies in a holistic manner.
- Develop a strategic and highly professional core offer support and outreach system across the localities within the local area ensuring that there is a link with social care and health to provide a joined-up approach through the Family Hubs provision.
- Increase the programme of Train the Trainer through Schools Forum to increase self-assessment for class teachers to inform workforce development as well as Investing in CPD for SEND for all class teachers/colleagues and improve the consistency of understanding on what the Graduated Response looks like.
- Quality assurance is now becoming business as usual with SEND service leading on the improvements needed.
- Improve timeliness – this needs to increase. There is a need to build EP capacity so that the plans issued remain the same quality, but timeliness can be improved. The overall performance for November 2023 has increased. We purposely reduced our timeliness for a period to ensure we could achieve the quality needed. [\(Hyperlink to data Dashboard\)](#)
- Continue working to meet our required WSoA target of 15 RSA's per month but we are aware we are not close to this at present. Schools remain the highest requesters of EHCP's in line with the highest population of students, with the highest age group now being 5-10
- We also continue to challenge the financial contributions from our health partners for individuals. There has now been a small contribution and work continues to develop this. This is a key priority and the ICB has allocated commissioning capacity to develop arrangements and actions to address pre panel multi agency discussions to identify needs and eligibility; panel decision making; review and tracking. Individual commissioning was discussed at the Joint Commissioning workshop on June 10th as well as feature in a further workshop on June 11th focused on EHCP processes. [\(Hyperlink to Evidence\)](#)
- The Learning Disability Annual Health checks, for 14-17 year olds, has increased to 63.08% compared to 56.92% in 2023. This is higher than the regional figure of 59.89% although still lower than national at 68.46%. The continued extensive lengthy waiting times for SALT, OT, Autism, CAHMS services continues to mean that children and young people do not have up to date assessments to best inform planning around their needs. This can lead to escalation from schools that are trying to meet need in isolation. It also leads to a high level of parental dissatisfaction. [\(Hyperlink to Evidence\)](#)
- Feedback in the Participation Survey in respect of health services is in line with the acknowledged and significant barriers for children and families, and highlighted in the Written Statement of Action and JTAI. [\(Hyperlink to Evidence\)](#)
- Improve guidance for schools about the impact of their behaviour policies on attendance and exclusion rates.

**1.1 ACTION – Improve accuracy of identification of needs along with the timeliness and effectiveness of assessment.**

- a) Develop and expand the core processes of identification in place in the schools across the authority, along with Local Area responses to requests for statutory assessments.
- b) Ensure that all involved in identification of need understand the local support that is available through an effective use of the Graduated Response. Develop a programme of Train the Trainer through Schools Forum to increase self-assessment for class teachers to inform workforce development as well as Investing in CPD for SEND for all class teachers/colleagues and improve the consistency of understanding on what the Graduated Response looks like.
- c) Develop a strategic and highly professional core offer support and outreach system across the localities within the local area ensuring that there is a link with social care and health to provide a joined up approach through the Family Hubs provision, involving the role of Educational Psychologists in developing inclusive practices within the mainstream schools.
- d) Quality assurance – needs decision makers to unblock more strategic actions which are blocking further progress in quality assurance action plan. Embed the action plan from SENDQAMAP
- e) Improve the timeliness of EHCPs to, at least, National levels.
- f) Continue the financial contributions from Health towards EHCPs and create a long term plan for contributions.
- g) Improve the rate of Annual Health checks for 14-17 year olds



## 1.2 Children, young people and their families participate in decision-making about their individual plans and support.

### Strengths

- Section 23 process has improved so that there is now greater connection to family hubs and support. This involves new protocols and process to understand health needs in relation to SEND in early years as soon as possible. ([Hyperlink to Evidence](#))
- Education Psychologists often undertake co-production of their reports, and this is well regarded by those involved. ([Hyperlink to Evidence](#))
- ASC family programmes (following from Early Bird/+) was piloted from January 2024 and has received excellent family feedback and agreement to co-produce a Torbay programme that will be available in the Autumn term and currently funded by the ICB ([Hyperlink to Evidence](#))
- SLCN mapping of demand and capacity completed showing predicted levels of need and by ward to support the prioritisation of resources and new models
- EHCMB – management board is a robust multi agency board, decisions not to assess are consistently high. There are now Next Steps meetings in place, attended by Social Care and Health, supporting decisions not to issue and plans to move the meetings earlier in the process.
- As parents are demonstrating confidence in the special school offers, we are using special school outreach to promote the development of shared approaches for children into other provisions including mainstream. This will extend to our proposals for SEND sufficiency for introduction in 2025, based on our new SEND Needs Analysis and a Locality based model. ([Hyperlink to Analysis](#))
- Our focus has widened to building parental confidence in the SEND system across all provisions. We are working directly with SEND Family Voice Torbay, our parent carer forum, to co-produce and design information and forums which support the sharing of information and provide opportunities to explore myths and overcome concerns. ([Need Parent/Carer views & hyperlink to them](#))
- The Home Learning Environment Outreach worker is now in post and is working alongside the existing teams within the Family Hubs. The Outreach worker has developed provision of resource packs that are provided to families to create learning opportunities and build parental confidence in supporting early development. ([Hyperlink to Evidence](#))
- Participation Officers have met with CYP to gather their thoughts and feedback on paperwork used in EHCPs and Annual Reviews that feed into Amended Plans. The Young Persons panel has made suggestions to improve ways to support attendance at all types of meetings, which will increase their voice in amended plans. ([Hyperlink to Evidence](#))
- Online sessions have been run to support understanding of transitions for CYP with SEND.
- More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion.
- The SEND Annual Quality Report (Sept 2023) ([Hyperlink to report](#)) found, of the EHCPs audited, that:
  - Every parent contributes to their child or young person's EHC Needs Assessment.
  - EHCPs provide information about what the CYP can do, their strengths, which is built on throughout plans.
  - There is evidence that the EHC Needs Assessment process is multi-agency, demonstrating evidence of shared work and co-production.
  - Evidence of outstanding practice has been found in sections A (CYP and parent Voice) and B (the CYP special educational need).
  - Quality Standards for Alternate Provision have been coproduced with parents.
- There are pilot SEND Tracking Meetings and this is being built into the QA framework.

- Local Offer has been redesigned and is being continually reviewed to ensure that information that parents and carers request is present.
- Now have a SEND Youth feedback Service as a way of collecting Young People's views coherently and consistently.

## Areas for Development

- Parents still lack confidence in the provision of SEND in the wider mainstream school and health landscape, this is evident by the significant numbers of RSA.
- Parents confidence is further impacted by the extremely lengthy waiting lists for specialist assessments.
- SEND Team will support EHE programme to analyse the needs of EHE young people with SEND and reduce the perceived need for EHE.
- There is a need for change to be grounded in the best interests and needs of children which are committed to on a long term, sustainable basis.
- In the Participation Survey one theme highlighted children, young people and parent/carers having to ask for help and support on multiple occasions, without resolution.
- A key theme arising from the survey responses is in relation to the difference between support and signposting. Having access to information is one aspect, however the value of being given support which enables that information to become knowledge and skill is another.
- Local Area supporting development of SFVT capacity to allow for full access to co-production.
- Study the response from Young People about listening to their voice. ([Hyperlink to EHCP Child's Voice document](#)) ([Hyperlink to AP Lived Experience document](#))

**ACTIONS 1.2 - Act to ensure that children, young people and their families participate in decision-making about their individual plans and support.**

- Develop strategies to improve the confidence parents have of the wider school and health landscape through greater successful inclusion and health provision being more available and within timescales.**
- Develop strategies to ensure that Parent, carers and young people receive prompt replies to their queries.**
- Increase communication around the reasons behind delays in assessments and provide strategies in the interim.**
- Grow the Youth feedback provision beyond its starting point**
- Local Area supporting development of SFVT**



## 1.3 Children and young people receive the right help at the right time.

### Strengths

- There is evidence of the positive difference that support to schools from the Torbay Education Support Service (TESS) is making for children. [\(Hyperlink to Evidence in JTAI\)](#)
- Family Hubs are now established and functioning under their own directorship.
- The DSCO calls all parents/carers of CYP who are not known to social care or early help at that time, following a yes to assess identifying the local offer and the right to an early help assessment and information relating to the family hubs. This has been positively received by parents/carers.
- The JTAI also identified that the Local Area Partnership are effective in responding to missing and exploited children. [\(Hyperlink to JTAI\)](#)
- Rigorous processes are in place to ensure that deliver 'Next Steps' meetings with schools, parents and SEND caseworkers. These meetings discuss the rationale for the decision and support the agreement of a plan that can be delivered under SEN (K) and the Graduated Response. [\(Hyperlink to Evidence\)](#)
- Between September and November 2023 there have been 25 next steps meetings held. Our tracking of data shows that 16 out of 25 in this period have led to no appeal and an agreed plan with multi agency participation. [\(Hyperlink to Evidence\)](#)
- Enhanced resource provisions for Autism remain well regarded by parents. Further work has taken place with The Steps provision to ensure that the staffing structure and curriculum offer further meets needs. [\(Hyperlink to Evidence\)](#)
- First steps clinic is now up and running with an associated app – 'waiting well' which is being well received.
- Torbay was chosen to be included in year 3 of the Comic Relief Early Years Inclusion Project, run by Dingley's Promise. The project aims to increase the number of young children with SEND accessing early years and childcare places.
- Within Torbay there are 49 educational settings including Primary, Secondary, Specialist and alternative provisions. The MHST's support 41% of Torbay's educational settings. Based on MHST being able to support 7500 CYP, 74.4% of the eligible school age population in Torbay have access to the MHST. Success in Mental Health in Schools Team is having a significant impact on the mental health of Young People. [\(Hyperlink to Evidence\)](#)
- There is a new funding matrix in operation recognising the current demands for mainstream school places for SEND
- A Graduated Response Roadshow began in September 2023. We visited 34 schools and colleges to promote the SEND support and provision toolkits, attended the Early Years Conference and have been to 9 staff briefings. We have handed out over 5000 Graduated response bookmarks to parents and carers. [\(Hyperlink to Overview and Scrutiny report 19 February 2024\)](#)
- Workforce development is a key component to change. We have also:
  - created a suite of resources and delivered a "Train the trainer" session to our SENDCos so that they could continue to cascade this training at a more in-depth level across the workforce during training time.

- We have also created a specialist professional development area on our learning platform to enhance training for staff and holds sample documents and templates to support their delivery. We plan to host five webinars in the New Year to deliver specialist training to support teachers to embed the toolkits into their daily routines.
- Our well attended SENDCo Forums continue to focus on both the Graduated Response and Funding Formula this quarter.
- Ensured that NASEN training is available through the Local SWIFT Hub and embedded in our local training offer for all schools/practitioners.
- Our AET training for Secondary providers is now completed. With a further planning session in January 2024 to include an expansion of the scheme to primary.
- Torbay has 5 primary schools taking part in the Partnerships for Inclusion of neurodiversity in school (PINS) national programme
- SEND Support numbers have increased 11.7% in 2021 to 12.6% in 2023 although still below national figures by 0.7%. *(See Data Dashboard)*
- Overall numbers of EHCPs have reduced from a high of 1673 in October 2022 to 1588 in December 2023, following Safety Valve work.
- Although the waiting time for Speech and Language Therapy 1st treatment is high, there has been a reduction since August 2023. In addition, there has been a reduction in waiting times for 1:1 SLCN support through provided by the 0-19 Service. *(Hyperlink to Evidence)*
- The Early Language Consultant (ELC) has been appointed commenced in role in January 2024. The ELC will be responsible for developing and delivering on Early Language pathways with our health partners. This includes taking forward the Section 23 process and SLCN projects.
- We have revised our Section 23 process to ensure that a process for identifying needs leads to support and advice at the earliest opportunity. This process is now within Family Hubs we have received notifications during this quarter which has not been evidenced previously within Torbay and in the next quarter we will be tracking and measuring the impact of the interventions and support with a view to further refining our offer.
- New website launched by CFHD which focuses on giving information support and advice to Parents and Carers.
- The DSCO has been collating information relating to input from social care into annual reviews, this data will be available in the coming months and will be built into the QA data dashboard and framework

## Areas for Development

- Implement LA SEND Service Delivery Plan to deliver the new strategic placing and forecasting system to ensure placement sufficiency and best deployment of placements.
- Continue to develop the process where we provide earlier intervention for those who meet criteria for specialist provision but cannot be allocated a place because the lack of spaces in the chosen school. To be part of the proposed Locality model.
- Young people tell us they would like 'Virtual Classrooms' so they can learn together and not feel alone.
- Reduce the length of time children have to wait for support from child and adolescent mental health services (CAMHS) when categorised by the service as low risk.
- Returns to support the assessment process can be poor from Health The position has been improving and Paediatrics have a dedicated EHCP co-ordinator with a plan to increase the number returned on time.
- The awaited Health audit needs to be presented to allow planning for improvements.
- Absence rates from school have risen since Covid from below England average to 13.7% which is above England average of 12.1%.
- Reduce exclusion and suspension rates for SEND which have increased to above national levels, both for EHCP and SEND Support young people.

- Despite the rise in SEND support numbers, the number of EHCPs has increased from 5.5% in 2021 to 6.2% in 2023, almost 2% higher than National.
- Improving Autism Diagnostic waiting times less than 18 weeks is well below target.
- The waiting times for SLCN referral to 1<sup>st</sup> Treatment is almost double the 12 week target with the longest waiting time being well above that. ([Hyperlink to Evidence](#))
- Of the young people referred to the Dialectical Behavioural Therapy team (DBT-A), the largest proportion who were referred to an alternative service or withdrew from them, were identified with SEND. This needs investigating. ([Hyperlink to Evidence](#))
- The Participation Audit themed survey found:
  - Opportunities to improve provision for CYP with EHCPs with physical and sensory listed as their primary needs.
  - 10% of plans audited had provision in Section G that was detailed specific and quantified.
  - Suggestions for areas of focus re joint commissioning, eg. OT, Physio and S&L, regularly listed as provision for CYP.
  - Evidence of high expectations of health expertise in specialist settings.
  - 0-19 Offer and provision, eg. updated health care plans for settings, not always referenced in individual CYP EHCPs.
  - Evidence of a lack of joined up recording eg. Children's Continuing Care Plans or Support Tools in individual CYP EHC File or Liquid Logic.
  - Different ways Element 3 funding recorded in individual CYP EHC File.
  - Difficulties finding information about health funding for CYP with EHCPs.
  - Significant difference in the number of health professionals involved with YP (over 16) than CYP of compulsory school age in mainstream and specialist settings.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- Expand AET to primary schools.

### **ACTIONS 1.3**

**Act to ensure that children and young people receive the right help at the right time.**

- a) Increase locality based sufficiency of places to provide earlier intervention for those who meet criteria for specialist provision but cannot be allocated a place because the lack of spaces in the chosen school.**
- b) Ensure that all returns to support the assessment process are returned within timescales and are of high quality.**
- c) Work with schools and settings to improve attendance rates of children and young people with SEND to at least National levels before Covid.**
- d) Health to work to reduce Autism Diagnostic Pathway waiting times and improve SLCN 1st treatment waiting times.**
- e) Implement the recommendations in the Themed Survey of the Participation Audit**
- f) Analyse why the young people referred to the Dialectical Behavioural Therapy team (DBT-A), are largely those identified with SEND.**
- g) Expand AET work into Primary Schools.**
- h) Explore and create the Virtual Classrooms young people request.**





## 1.4 Children and young people are well prepared for their next steps and achieve strong outcomes.

### Strengths

- Torbay continues to have a transitions panel in place to review the provision for young people from the age of 14 years. *(Hyperlink to Evidence)*
- The DSCO has been collating information relating to input from social care into annual reviews, this data will be available in the coming months and will be built into the QA data dashboard and framework.
- We understand in granular detail the young people with an EHCP and the reasons for them to be NEET. We continue to use the Council opportunities for young people with SEND to gain meaningful work experience opportunities alongside our NDTI programme. This is being co-ordinated through our HR teams with young people accessing work either for a week or a longer period of time to gain experience
- Success in childhood transition points – from Chestnut onwards. *(Hyperlink to Evidence)*
- Pilot SEMH programme has been introduced in preparation for Year 6-7 transition. *(Hyperlink to Evidence)*
- PEPs are strong for transition work – targets are smart and social care involvement is improving. *(Hyperlink to Evidence)*
- There are good results for those coming out of ERPs. *(Hyperlink to Evidence)*
- New Transition protocol is well embedded and parents have benefitted from workshop sessions on The Power of Attorney and Mental Capacity Act. *(Hyperlink to Evidence)*
- Mapping work completed which shows services currently available. Links with National Association of Directors of Adult Social Services (ADASS) groups have further progressed Pathway to Adulthood best practice. *(Hyperlink to Evidence)* Supported internships – NTDi grant to forward this. Now a forum and plan to develop more over the next 12 months.
- For those with a learning disability, in health we are developing transition from children into adults with a focus on therapies.
- There is increasing employer engagement in supported internships. Our new SEND Employment Forum is planned to roll out from January 2024 and has engaged a number of large local employers and educational providers so we can work together to provide more opportunities to provide supported internships in Torbay. *(Hyperlink to Evidence)*
- Significant work continues being undertaken with South Devon College (the single FE provider for Torbay). This work includes: - *(Hyperlink to Evidence for point below)*
  - continuing to use the annual review process to recognise when outcomes have been achieved and bringing forward activity to conduct the review to impact on ceasing plans.
  - SDC (along with all other providers) will start to use our new Funding formula for new plans and Phase Transfer
  - Greater challenge and oversight of consults and decision making regarding the entry of learners.
  - Use of directions to take when necessary.
  - Worked with SDC on a revision of the Risk assessment process for young people with EHCP's

- Implementation of a formal contract management process and the start of greater contractual SLA's for bespoke provisions.
- Linking our College with the SLIP Partner College to share best practice, including funding arrangements.
- The SEND EHCP NEETS have reduced, with Apprenticeships and Internships increasing with NEET Figures continuing to be on or positively under target. The proportion of young people who are NEET – Available (Not ready) is less than half the target figure of 15. Those that were Ready were at target level, although there was a sudden rise in December. (See Data Dashboard)
- Work is underway to provide a series of Post 16 Pathways for Young people with SEND. These include Vocational, Employment, Academic and Community Inclusion along with a Transition Pathway for those with significant difficulties and to cater for students who are in Out of Area and independent provision.
- A Preparing for Adulthood/Transition meeting is held regularly within CFHD, with improving attendance from services across the organisation and work is beginning on reviewing and improving processes.

## Areas for Development

- Expand the data dashboard to demonstrate the outcomes for young people.
- Create an analysis of Ofsted Inspections of schools highlighting SEND outcomes.
- Need to continue to develop transition processes in health services. This is a focus for CFHD who have initiated a Preparing for Adulthood monthly meeting to develop links with adult services, review and improve processes.
- Reduce the sufficiency gap in education for Post 16 students through the proposed locality model of provision through the Service Delivery Plan a Post 16 Pathways Model will create better choice and sufficiency.
- Increase opportunities for low attainers (not just SEND pupils)
- Review, through the locality model of provision, the need for Specialist Provision to 'hold on' to Post 16 where they offer 5-day provision as opposed to 3 day provision.
- The % of 19yr olds with Level 2 qualifications is significantly lower than both regional and National levels.
- The % of 19yr olds with level 3 qualifications is 6% compared to 14.7% nationally.
- The number of Apprenticeships for 16-19 years olds is well below target and is falling.
- The apprenticeships for 20-25 years olds is rising but still below the target.
- The Participation Audit elicited this response from a parent, "Having SEND doesn't stop when it's the end of the day or when the holidays begin. It's not just about education and it also doesn't stop when your child reaches 16. There isn't much at all to do for older children. Feels like they are left to rot."

#### **ACTIONS 1.4**

**Act to ensure that children and young people are well prepared for their next steps and achieve strong outcomes.**

- a) Improve the sufficiency and variety for Post 16 transition and ensure that information is widely accessible, including reviewing the 5 day provision in specialist provision.**
- b) Plan to improve level 2 and level 3 outcomes for 16-19 and 20-25 year olds respectively.**
- c) Improve apprenticeships take-up for both 16-19- and 20–25-year-olds.**
- d) Review transitional arrangements in health where there are congenital issues.**
- e) Attend and/or provide reports for the annual reviews of children and young people with EHCPs that you are working with to support the Amended Plan Process.**
- f) Use the Single Point of Contact for Health and Single Point of Contact for Social Care to support joined up working at the amended plan stage.**
- g) Support parent/carers, children, and young people with conversations regarding the transition to adulthood so that their voice in the amended plan is reflective of preparing for adulthood outcomes and the local offer.**
- h) Increase the opportunities for supported Internships and Apprenticeships across Torbay with the Council, NHS and local businesses to also include students who are in Out of Area and independent provision.**



## 1.5 Children and young people are valued, visible and included in their communities.

### Strengths

- Paignton Academy SEND Department is demonstrating very positive attitudes and measures to supporting pupils who may have been at risk of suspension or exclusion. *([Hyperlink to Evidence](#))*
- ASRUS is successfully delivering social learning experiences for those on the autistic spectrum.
- Local offer website has been completely updated in a co-produced manner and re-launched and is much more accessible to users.
- The Holidays, Activities and Food (HAF) programme for young people with SEND is now underway delivering four hours per day for four days per week. *([Hyperlink to Evidence](#))*
- A panel is now in place to identify low level support to meet unmet need within the adult SEND community. *([Hyperlink to Evidence](#))*
- There is a short breaks task and finish group established currently reviewing the needs and offer with children, young people and their families lived experience at the centre and how they can be improved and extended.
- Dingley's promise – early years access to provision.
- Health reports that there have been improvements in learning disability annual health checks. *([Hyperlink to Evidence](#))*
- Changing places – There have been Improvements in toilet/changing facilities for disabled. *([Hyperlink to Evidence](#))*
- Accelerated the development of listening to Young people through the 'Point of You' service which has now been launched.
- SEND newsletter readership has increased since being modified to make it more accessible to Young People. *([Hyperlink to evidence](#))*

## Areas for Development

- Reduce the high numbers of suspensions and Permanent exclusions, particularly within secondary schools that means the lack of acceptance in their community. A significant proportion have EHCPs or are on SEN Support. *(See Data Dashboard)*
- A number of exclusions are of Devon pupils, so there needs to be increased liaison between Torbay and Devon Authorities.
- Looking at local data over the 5 year period 2017/18 to 2021/22 for the rate of suspensions per 1,000 children identified with SEN, 4 wards have statistically higher rates than the rest of Torbay. These are, Tormohun, Ellacombe, Barton with Whatcombe and King's Ash. Compared to the Torbay average, the rate of suspensions for children identified with SEND is significantly higher amongst those children who live in the most deprived areas of Torbay (See Data Dashboard & SEND JSNA)
  - Greater development of Social Care involvement, including reviewing thresholds. The Participation Survey found feedback to social care services highlighted: a number of families were not in receipt of social care support, leading to beliefs around accessibility of support;
  - the Short Breaks offer and how well this meets the needs of children with SEND;
  - the importance of ensuring that the workforce is sufficiently trained and able to access continued professional development in relation to working with children who experienced SEND.
- Address Parents and carers perception of a cliff edge. This needs improvements to pathways between children and adults which will require access to funding to remove this. *(Hyperlink to Evidence)*
- Joint commissioning – DFE and internal deep dive to improve the whole area of joint commissioning.
- Improve commissioning so that gaps between post 19 adults services and post 16 provision which falls in-between large college offer and bespoke AP are resolved.
- There is a need for Culture Change in relation to retaining young people with SEND in their local community.
- Review the accessibility of 32.5 hours provision for all young people.
- Address the Elective Home Education numbers which have high proportions of SEND pupils.
- The Participation Survey found a recurrent theme within the children and young people's responses connected to a feeling of isolation, and feeling like they do not fit in.

## **ACTIONS 1.5**

**Act to ensure that Children and young people are valued, visible and included in their communities.**

- a) Reduce exclusions and suspensions of EHCP and SEND Support young people to be at least at National levels and review the demographic nature of events. (As in 1.3)**
- b) Work with Devon to improve relationship over placements.**
- c) Review Social care thresholds in both Children's Disability and Adult Social Care for access to a range of support processes.**
- d) Explore and develop the culture change necessary to maintain children and young people in their communities and help them feel part of their community.**

## 2. How the local area partners work together to plan, evaluate and develop the SEND system



### 2.1 Leaders are ambitious for children and young people with SEND

#### Strengths

- Work continues to be implemented delivering the reform programme needed and setting the conditions for future and sustained change. Local scrutiny of performance remains considerable, the work of the safety valve continues to be overseen by the CEO through the executive transformation board and reviewed by School Forum Browse meetings - Schools Forum ([torbay.gov.uk](http://torbay.gov.uk)). The interdependencies between the Safety Valve and Written Statement of Action for SEND and the implementation of our Family Hubs are understood, and further challenge is provided by the SEND Strategic Board
- Participation officers have been appointed for SEND to increase the involvement of young people in planning for the future. CYP voices are being collected more frequently and across the local area – evidence of “Point of You” new send forum run by young people for send. E.g hospital inviting parent support groups to see changes, adults’ stakeholder event YP views, coproduction in adults much development and progress.
- SEND Strategy has now been coproduced with all partners and is ambitious in its aims.
- An improved SEND Newsletter currently has 1253 subscribers (April 2024) which is 44% increase on the previous year.
- Check and challenge Board is now in place to hold those responsible to account.
- Tissues and Issues group have been invited to the hospital to see changes that have been made.
- There has been co-production with adults looking at their experiences relating to housing activity.
- ‘Becoming and Adult’ Board has 41 representatives and is wider than just Social Care. ([Hyperlink to Evidence](#))
- Services that provide healthcare provision you children and young people are making links between SLCN and SEMH in their work. ([Hyperlink to Evidence](#))
- A SPOC has been created with the new DSCO for Children’s Social Care. Adult Social Care have a single point of contact.
- Health Partner Agencies have produced a document which details the areas covered by 2 SPOC to support smooth EHCP requests for information. There are also details on who to contact for adult health queries.
- A flowchart for children’s social care has been created to support requests for social care input at different points of EHCP processes.
- Membership of new SEND Priority Group – SEND is Everyone’s Business established, to continue Culture workstream.
- SEND Strategy is fully embedded into our improvement priorities. ([Hyperlink to Evidence](#))

## Areas for Development

- The partnership's strategic approach to children with poor emotional and mental health.
- Breaking our siloes that are still in evidence.
- There is a perception that there are too many meetings reducing time for development to be delivered.
- Effective leadership system needed across all parts of the Local Area.
- There needs to be increased synergy with Devon and Plymouth Authorities, linked through the common ICB.
- Review what commissioned services are available in health and how well are they joined?
- There is ambition but evidence of outcomes is not strong so needs greater communication.
- Embed the Monitoring of the five key priorities in the SEND Strategy, using the SEND Strategic Board, ICB Board and Children's Continuous Improvement Board to unblock any issues.

### ACTIONS 2.1

Act to ensure that Leaders are ambitious for children and young people with SEND

- a) Jointly work to develop the joint commissioning opportunities.
- b) Improve communication over what is happening across the Local Area in terms of what and how essential information is communicated to be as accessible to as wide an audience as possible through the Local offer.
- c) Ensure the five key priorities of the SEND Strategy are embedded in all work.





## 2.2 Leaders actively engage and work with children, young people and families.

### Strengths

- The Torbay Safeguarding Children Partnership (TSCP) was reconstituted in 2020 following a short period of alignment with a neighbouring local authority. Since that time, a clearer focus on the children of Torbay has resulted in a more targeted and cohesive approach to both strategic oversight and the identification and delivery of services to children who may be in need or at risk of harm. The TSCP Executive Group functions effectively and benefits from healthy challenge from independent scrutiny. *(Hyperlink to Evidence)*
- Most children benefit from help provided by skilled and committed frontline early help, social care and health practitioners, police officers and school staff working collaboratively to support them and their families and to prevent risk and harm escalating. *(Hyperlink to Evidence)*
- There is strong Partnership with SEND Family Voice Torbay. *(Hyperlink to Evidence)*
- Established partnership approach to all SEND work with communications showing that a greater number are engaged in the SEND agenda. *(Hyperlink to Evidence)*
- Designated Clinical Officer employed in NHS Community provider CFHD as an interim (12 month) SEND Lead post to support and develop the SEND agenda. *(Hyperlink to Evidence)*
- More schools are engaging in multi-agency meetings to help to plan to meet needs, rather than move to suspension and exclusion. *(Hyperlink to Evidence)*
- Quality Standards for Alternative Provision have been coproduced with parents. *(Hyperlink to Evidence)*
- As part of the Children's Research Project, Family Hubs were visited and families engaged with to ascertain challenges when accessing support in Torbay, not only relating to Family Hubs but also housing, health and social care *(insert Children's Research finding Morgan Weiland/Julia Chisnell/Joey Needham)*

### Areas for Development

- The failure of senior leaders in health to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.
- The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- The meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.
- There is a need for greater joint working, removing siloed experiences as there are too many meetings that often overlap the areas of concern.
- The Torbay Parent Carers Forum is under pressure because of the numbers involved in work with the Local Area and need supporting further.

## **ACTIONS 2.2**

**Act to ensure that Leaders actively engage and work with children, young people and families.**

- a) Improve the consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.**
- b) Improve communication between agencies to share safeguarding concerns.**
- c) Further develop the meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.**
- d) Support the Torbay Parent Carers Forum in recruiting more members to spread the workload.**



## 2.3 Leaders have an accurate, shared understanding of the needs of children and young people in their local area

### Strengths

- The SEND JSNA, introduced as part of the Written Statement of Action provides a detailed breakdown against need types, demographic element of location, deprivation indices and many other measures. This is now an extremely valuable set of data that is used in planning, [\(Hyperlink to Evidence\)](#)
- JSNA reviewed to ensure current as well as include further areas for focus, dental and weight management.
- Data dashboard is now in place and provides a greater understanding of needs across the local area.
- Children are visited with appropriate consent from parents or when this has been overridden because of safeguarding concerns. Social workers, police officers and teachers coordinate these visits well so that they are at a time and place where children feel most comfortable. In the interim, the voice of children is evident in the records, as are their wishes. Police notifications to the MASH (PPNs) are detailed and child-focused and capture the presentation and lived experience of children. [\(Hyperlink to Evidence\)](#)
- KPI's developed as part of the SEND strategy are the accountable measures for the priority areas and reported to the project board.
- The send QA team have a termly cycle of auditing New EHCPs, Annual reviews and amended plans. These provide information through the EHCP quality data dashboard on Invision 360, building a data dashboard on quality of plans, with Quarterly Reports supporting progress forward. [\(Hyperlink to Evidence\)](#)
- A Torbay Children and Young People's Health Needs Assessment was completed in two parts, the first addresses quantitative data and the second part provides the voice of the child and young person. [\(insert links Joey Needham\)](#)

### Areas for Development

- The rigour of the partnership's quality assurance function.
- New SEND JSNA needs embedding and greater links with Power Bi data and the new Needs Analysis for ERP provision.
- There is a need to communicate this more widely and ensure it is used in planning across all partners.
- Greater use of the JSNA across all parts of the council.
- Greater expansion of the JSNA into need types against location
- Performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.
- Identify and understand the needs of Post 16 learners and what is available for all needs.
- The auditing team to create a QA data dashboard.

### **ACTIONS 2.3**

**Act to ensure that Leaders have an accurate, shared understanding of the needs of children and young people in their local area**

- a) Improve the Quality Assurance process through the Strategic Board**
- b) Conjoin the JSNA and data dashboard information and increase the specificity of demographic location against more specific need types.**
- c) Ensure that the SEND data (as above) is used across the partnership to aid planning and delivery to meet the needs in the Local Area.**
- d) Establish the role of the Area in identifying and encouraging opportunities for Post 16 SEND Learners.**



## 2.4 Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for children and young people in alternative provision.

### Strengths

- Families have direct access to support under the umbrella of early help services, including from the well-regarded family hubs in each of Torbay's three main towns. These make a positive difference to their lives. The risk to missing children and the link to exploitation are well understood and the partnership has made significant progress in this complex area of practice. [\(Hyperlink to Evidence\)](#)
- There is a high quality of partnership working when a child is in significant mental health crisis and requires a safeguarding response. [\(Hyperlink to Evidence\)](#)
- Commissioning is looking at alternatives to residential provision and doing everything to promote independence. [\(Hyperlink to Evidence\)](#)
- Re focused and reformed Torbay SEND Needs & Joint Commissioning Delivery Board. Agreed priority areas: SLCN, Neurodiversity; EHWP & Individual Health Funding arrangements [\(Hyperlink to Evidence\)](#)
- SEND Family Voice Torbay are actively involved and have taken on the coordination role for the Pilot Autism & Us parent programme with feedback being collected and will inform a more sustainable offer. [\(Hyperlink to Evidence\)](#)
- SEMH SLCN workforce training delivered to over 1,000 people across Devon, Torbay and Plymouth. This has incorporated the findings from the independent deep dive in to joint commissioning. [\(Hyperlink to Evidence\)](#)
- The expansion of increased regularity of the Section 23 Notification meetings allows leaders to understand where needs are greatest and where to direct and re-direct resource.
- The SEND Executive Board and key stakeholders Joint Commissioning workshop developed an agreed set of standards which can be applied to all relevant SEND commissioning arrangements (in anticipation of June's meeting, insert agreed principles once developed)
- A 0-19 Service Procurement Board is in operation and chaired by the Directors of Public Health, Children Services and Finance to assess and address the existing and future provision. Once commissioning arrangements of a new service have been underpinned, the service will be co-produced across the sector and involving the community.
- Have now introduced a full review of ISEP provision to examine outcomes for young people.

## Areas for Development

- Improve analysis of financial data to better understand pressure areas and improve deployment of resources to better meet the needs of young people with SEND.
- Explore available provision that doesn't need commissioning arrangements.
- Develop understanding of a shared joint commissioning language and principles which reflects a partnership-wide understanding of commissioning and capacity challenges of individual agencies.
- Agree a revised Joint Commissioning model.
- Need to deal with sufficiency of capacity more effectively, including culture change to increase inclusion, including the need for a re-integration plan.
- Develop information for families to consider, when paying for a private provider assessment.
- Continue and complete the work being done on independence and alternatives to residential provision.
- (NHS Devon ICB to) develop and commission a Trusted provider framework for children with complex needs in the pre and Tribunal stage.
- EOTAS Project to offer more robust programmes to meet the needs of this cohort and provide better value for money.
- Review ISEP provision to ensure they are meeting young peoples needs and providing value for money.

### ACTIONS 2.4

Act to ensure that Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for

- a) Create a process to link both sufficiency of appropriate places and an inclusive culture across all schools and settings, involving children, young people and parents and carers, clarifying choices and limitations.
- b) Complete the work done within the WSOA process to agree the joint commissioning model and work to develop the joint commissioning opportunities.
- c) Complete the work on reduction of need for residential provision.
- d) Seek to improve the information for parents and carers when paying for private assessment provision.
- e) Improve analysis of financial data to better understand pressure areas and improve deployment of resources to better meet the needs of young people with SEND.



## 2.5 Leaders evaluate services and make Developments.

### Strengths

- There is greater communication and information sharing with Schools Forum. *([Hyperlink to Evidence](#))*
- The provision of SEND Auditors within the Torbay Learning Academy has led to a greater understanding of performance across the Local Area, with report presented to the SEND Partnership Board. *([Hyperlink to Evidence](#))*
- The development of Proposal for Locality Provision.
- The development of an Alternative Provision Commissioning Strategy is underway
- The improved JSNA and SEND Needs Analysis being used to inform strategic planning.
- The involvement of SEND Torbay Family Voice in strategic developments.
- The Torbay 0-19 Service is monitored through robust governance processes with improvements to provision agreed and implemented collaboratively across the partnership.
- Recognition of the sufficiency of places and active planning to provide for these pupils through a re-formulated EOTAS offer that will meet their needs

### Areas for Development

- The consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.
- Revise the QA framework using the performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.
- For a small number of children, there is insufficient consideration of safeguarding concerns by partner agencies, particularly when mobile and older children have bruises or injuries.
- Continue to develop and implement the revised EOTAS offer.
- Appoint a Principal Educational Psychologist to embed the EPS within the strategic aims of the partnership.

## **ACTIONS 2.5**

**Act to ensure that Leaders commission services and provision to meet the needs and aspirations of children and young people, including commissioning arrangements for**

- a) Create systems that ensure those children and young people living with chronic domestic abuse or neglect have their needs met so that they can make progress.**
- b) Ensure the sharing of information in efficient and effective systems across all partners in the Local Area.**
- c) Create and implement systems to measure the impact of strategic approaches.**
- d) Implement the Revised EOTAS Offer**





## 2.6 Leaders create an environment in which effective practice and multi-agency working can flourish

### Strengths

- Operationally, partner agencies work well together. Information-sharing and attendance at meetings in the multi-agency safeguarding hub (MASH), child protection strategy discussions and in child protection enquiries is consistently timely and effective. Thresholds for different levels of intervention are jointly understood across partner agencies and, for the majority of children, risks and support needs are identified early, resulting in the right support at the right time. *([Hyperlink to Evidence](#))*
- There is a commitment from leaders in all areas to improve the environment so that there is shared understanding and ability to work as one partnership. *([Hyperlink to Evidence](#))*
- The new role of the DMO (being piloted by the ICB in Torbay) has led to improved quality and timeliness of health advice. *([Hyperlink to Audit & Timeliness](#))*
- For most families receiving support from early help services, there is considerable progress. Schools and the local community have welcomed the family hubs. Families are increasingly able to access early help directly and immediately instead of waiting. *([Hyperlink to Evidence](#))*
- The Family Hubs are embedded into communities, from where multiple agencies operate including public health nursing, maternity, housing, speech and language therapy, and children's social care provision.
- There is a recognition that children's mental health and wellbeing is a system wide priority as endorsed by O&S deep dive and members of the CCIB : CYP EHWP group is in place chaired by ICB Strategic mental health commissioner

### Areas For Development

- Reliable, disaggregated data for Torbay from an integrated care board (ICB) on behalf of health providers and a police force that cover much larger geographical areas is not available to the partnership. Allied with delays in establishing a children's mental health subgroup and insufficient quality assurance, both of which the partner agencies are fully aware of, it is difficult to chart the impact of the partnership on Torbay's children in some key strategic areas.
- Remove the silo working that still exists, creating a joined approach within education and social care environments within the Council and joined approaches across all other partners.
- The quality of communication, information and decision-making across health services varies significantly, and overall is not good enough.
- Ensure that all members of departments are aware of how budgets are managed to provide more understanding of how to provide effective delivery of roles.

## **ACTIONS 2.6**

**Act to ensure that Leaders create an environment in which effective practice and multi-agency working can flourish**

- a) Review the meeting culture to ensure that they are effective and influence practice without duplication where possible.**
- b) Create greater data sharing across the Local Area and its neighbours so that impact of interventions can be judged and used to inform developments.**
- c) Review working systems to reduce and remove the situation where silo working takes place.**
- d) Improve the quality of communication, information and decision-making across health services**

## GLOSSARY

ADASS	Association of Directors of Adult Social Services
AET	Autism Education Trust
AR	Annual Review
ASC	Autistic Spectrum Condition
ASRUS	Torbay Youth Club Social Support Club for Autism
CAMHS	Child And Adolescent Mental health Service
CCG	Clinical Commissioning Group
CCIB	Children's Continuous Improvement Board
CEO	Chief Executive Officer
CFHD	Children and family Health Devon
CPD	Continuing Professional Development
CYP	Children and Young People
DBT-A	Dialectical Behavioural Therapy (Team)
DfE	Department for Education
DSCO	Designated Social Care Officer
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
ELC	Early Learning Centre
EHCMB	Education, Health and Care Management Board
EHXB	Emotional Health & Well-being Board
FE	Further Education
HAF	Holiday, Activities and Food
HMCI	His Majesty's Chief Inspector
ICB	Integrated care Board
ICS	Integrated care System
JSNA	Joint Strategic Needs Assessment
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicator
LEG	Language Enrichment Group
MASH	Multi Agency Safeguarding Hub
MHSIST	Mental Health Independent Support Team
NASEN	National Association of Special Needs

NEET	Not in Education, Employment or Training
NHS	National Health Service

NDTI	National Development team for Inclusion
OT	Occupational Therapist
PEPs	Personal Education Plan(s)
QA	Quality Assurance
RSA	Request for Specialist Assessment
S&L	Speech and Language
SEF	Self Evaluation Framework
SEMH	Social Emotional and Mental Health
SEN2	Government data for special educational needs
SEND	Special Educational Needs and/or Disability
SENDCo	Special Educational Needs Co-ordinator
SENDQAMAP	Special needs Quality Assurance Multi Agency Panel
SEN K	SEND Support
SFVT	SEND Family Voice Torbay
SLCN	Speech, Language and Communication Needs
SpLD	Specific learning Difficulty
SPOC	Single Point of Contact
TSCP	Torbay Safeguarding Children Partnership
VYED	View Your Education Data
WSOA	Written Statement of Action